

Board of County Commissioners FY 2022 Annual Retreat



January 28, 2021

Medicaid Transformation Update

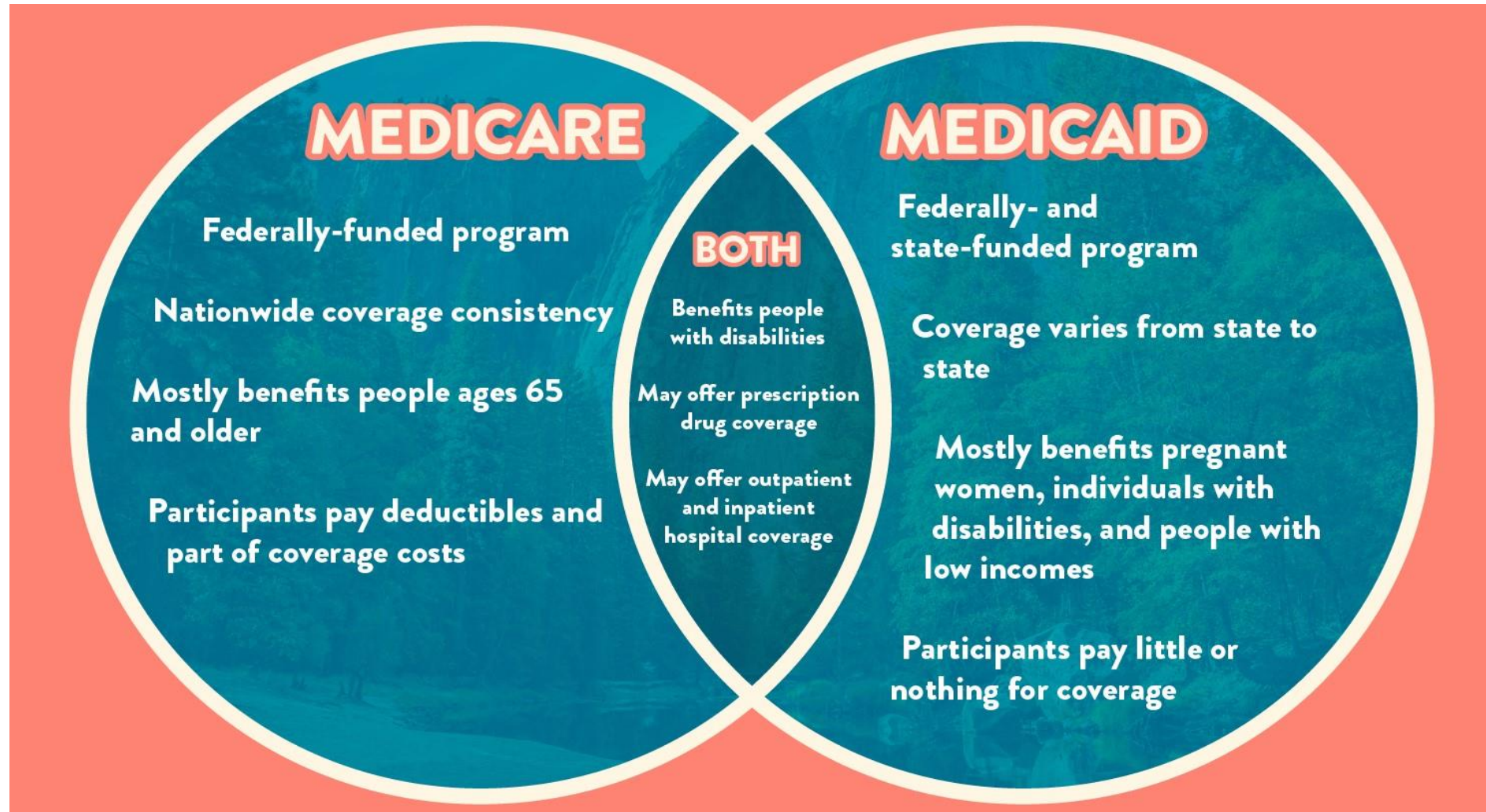
John Eller, DSS Director

Gibbie Harris, Public Health Director

Joe Penner, MEDIC Director

Medicaid Transformation

Medicare vs Medicaid



Medicaid Transformation

So what is Managed Care?

- *NC is moving from a fee-to-service Medicaid model “Medicaid Direct” to Managed Care model using Prepaid Health Plans (PHP’s) called “Medicaid Transformation”.*
- Same Medicaid services- just in a new way- through PHPs
- The insurance companies assume all of the risk for the individuals they cover, rather than the state.



Medicaid Transformation

So What is Managed Care?

- Approximately 1.6 million of the current 2.1 million NC Medicaid beneficiaries will transition to NC Medicaid Managed Care.
- *They will receive comprehensive care that integrates physical, behavioral, and pharmacy health through tailored plans (including non-emergency medical transportation).*



Medicaid Transformation

So what is **Managed Care**?

- Instead of one Medicaid program there are many health plans for a beneficiary to choose from.
- All health plans are required to have the same Medicaid services (office visits, blood tests, X-rays, etc.), but may offer added services.
- Each plan has its own network of qualified doctors and health care providers.



Medicaid Transformation Timeline

Go Live July 1, 2021!

March 15, 2021

DHHS sends enrollments packets to beneficiaries & open enrollment begins



May 15, 2021

Auto-assignment/enrollment of PHP (only for customers who have not selected a health plan)



September 21, 2021

End of Choice Period to Change PCP



May 14, 2021

Open enrollment period ends



July 1, 2021

Phase I Medicaid Transformation Launch/Managed Care Launch/PHPs begin to manage transportation services



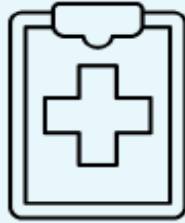
June 30, 2022

End of Standard Plan contract awards/Phase II Tailored Begins



Medicaid Transformation

What's new?



Can choose a
Health Plan



Most will be enrolled in
NC Medicaid Managed Care

What's staying the same?



Eligibility rules



Services covered



Co-pays (if any)



Report changes to
local DSS



Medicaid Transformation

Health Plans Include:



Network of
providers



See the doctor as
often as needed



No monthly
premiums



24-hour
nurse line

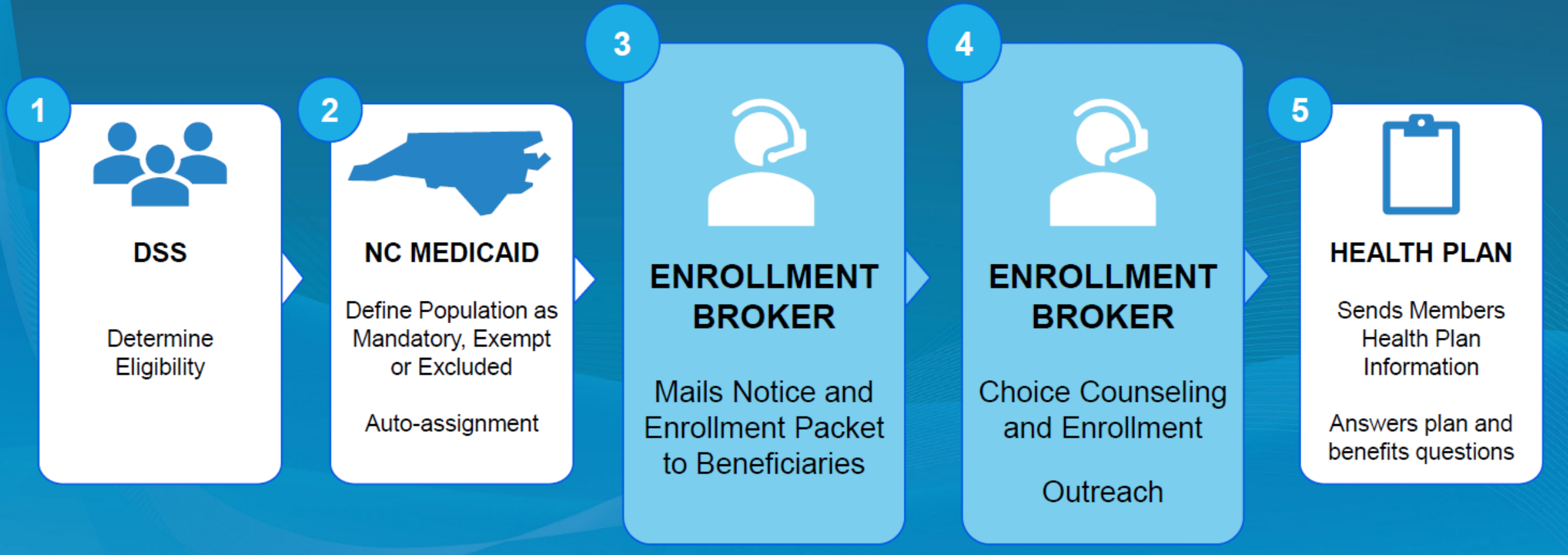


Help with
referrals



Medicaid Transformation

Roles and Responsibilities



Medicaid Transformation

Four Ways To Apply for Medicaid

- **Online:** Apply online at [ePass](https://epass.nc.gov/CitizenPortal/application.do)
(<https://epass.nc.gov/CitizenPortal/application.do>)
- **Mail:** Mail a paper application or drop it off at DSS
(medicaid.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice#forms)
- **On your Smartphone:** Use the [DSS All Access Benefits App](https://dssdocs.mecknc.gov)
(<https://dssdocs.mecknc.gov>) can also utilize this app to upload documents
- **Call:** 704-336-3000
- **In person:** Apply in person at DSS (Kuralt) or CRC



Medicaid Transformation

Enrollment Broker

- The Enrollment Broker (Maximus) is responsible for choice counseling for Health Plan and PCP selection; as part of this, the Enrollment Broker is also responsible for mailing all notices and handling enrollment.



Communications hub



Outreach and education



Website and mobile app



Partnering with DSS
and local organizations



Choice counseling



Enrollment



Medicaid Transformation

How Members Enroll

There are several ways that members can enroll. Online and mobile app are recommended.



ONLINE

Enroll using a computer by going to ncmedicaidplans.gov, where they can also chat with an Enrollment Specialist



MOBILE APP

Available on Android or iPhone

To get the free app, members should search for NC Medicaid Managed Care in Google Play or the App Store



CALL

Enroll by speaking with an Enrollment Specialist via phone at 1-833-870-5500 (the call is free)
Language lines are available.
TTY 1-833-870-5588



MAIL

Mail completed form to
NC Medicaid
Enrollment Broker
P.O. Box 613
Morrisville, NC 27560
Or fax the completed form to 1-833-898-9655



Medicaid Transformation

Researching & Comparing Plans

Beneficiaries can keep his/her doctor, clinic or other health care provider as a PCP if the PCP has a contract with the health plan.

Website to compare plans:

[ncmedicaidplans.gov/choose/compare plans](https://ncmedicaidplans.gov/choose/compare_plans)

- **Choose a Plan Online:** Log in to your NC Medicaid Managed Care account at ncmedicaidplans.gov/enroll/online
- **Mobile app:** Search for **NC Medicaid Managed Care** on Google Play or the App Store
- **Phone:** Call toll free at 1-833-870-5500 (TTY: 1-833-870-5588).



Medicaid Transformation

Health Plan Responsibilities

PHP's will:

- Assist Members with primary care provider (PCP) information and complete PCP Auto-Assignment if no PCP is selected
- Ensure their Members receive the same services as they did under NC Medicaid Direct
- Provide Non-Emergent Medical Transportation (NEMT) Services for Managed Care Members



Medicaid Transformation

Health Plan Responsibilities

- Supply NC Medicaid Managed Care Medicaid Card/Replacement Cards
- Conduct Care Needs Screening for Members
- Operate a Call Center/Member Service Lines
- Facilitate Appeals and Grievances
- Provide Health Plan Welcome Packets, including Welcome Letter, Medicaid Card and Member Handbook



DSS-Medicaid Eligibility



County DSS will CONTINUE:

- Processing Medicaid applications, changes and redetermination
- Generating replacement Medicaid cards for NC Medicaid Direct.
- Non-Emergency Medical Transportation (NEMT) for NC Medicaid Direct.
- Updating Primary Care Provider (PCP) for NC Medicaid Direct.



County DSS will not be responsible for:

- Choice counseling to help beneficiaries choose a health plan.
- Enrolling beneficiaries in health plans.
- NEMT for health plan members.
- Updating health plan or PCP for health plan members.
- Generating replacement health plan ID cards.



County DSS will START:

- Referring beneficiaries to the Enrollment Broker for health plan choice counseling & enrollment assistance.
- Referring beneficiaries to their health plan for PCP updates, NEMT, and other requests related to their health plan.



DSS-MTS Transportation

- PHP's will be contracting with statewide NEMT brokers to arrange and provide NEMT to enrolled members. Transportation will be available if the beneficiary receives a Medicaid covered service provided by a qualified Medicaid provider (enrolled as a North Carolina Medicaid provider).
- Mecklenburg residents who are eligible for NEMT currently call our Transportation Scheduling to set up their trips. Once Medicaid Transformation is complete, they must call the broker assigned to their Medicaid plan to arrange NEMT services. The two brokers are LogistiCare and One Call (Transportation). Both brokers will have a 24-hour scheduling line available to customers.
- MTS and any subcontracted transportation vendors (taxi companies) will have to contract with one of the two brokers. This may yield a revenue reduction and subsequent funding loss which will present issue with sustained operations. We are waiting on the state to release provider agreements and guidance so we may truly understand the impact so we can provide more guidance and negotiate rates with the new brokers to minimize NEMT revenue loss to keep other services whole. MTS will still provide other non-NEMT services.



Issue 1 – Annual Medicaid Cost Report

- FY 2021 Budgeted Total Revenue = \$7.3mm; 23,940 of Medic's patients are insured through Medicaid
 - \$2.2mm interim payments – **NO CHANGE TO FEE SCHEDULE**
 - \$5.1mm Annual Cost Report is **AT RISK**
- The substitute Cost Report method – Additional Utilization Based Payment (AUBP) is dated - tied to **2017** reimbursement levels, is unproven, and complex



Issue 2 – Inconsistent Claims Processing and Contract Terms

- From ONE set of procedures, rules, appeals processes to SIX (i.e. existing contract with NC Medicaid **AND** the new five payers)
 - Each new payer has new terms and conditions
 - Forced to sign! Or forfeit the AUBP (\$5.1mm)
 - Increased overhead costs consume resources for patient care
 - Payers may require contracts with transport brokers

Request – Advocate NC Medicaid mandate standard terms and conditions for EMS and ambulance services by Medic and other County EMS providers



Public Health

- Approximately **10-15% of the Public Health Department's clinic patients will be switched to Medicaid Managed Care** and shifted to each of the five Prepaid Health Plans. Some programs will bill through Medicaid Direct as well.
- Public Health has engaged outside legal counsel to ensure that contracts with the PHPs appropriately address the unique position of the Health Department as a provider. **No contract is alike which creates unique challenges regarding IT requirements for data exchange around claims, outcomes, utilization and performance management.**



Public Health

- In lieu of an annual cost settlement, **PH will receive Additional Utilization Based Payments (AUBPs) based on the Ratio of Costs to Charges from FY2017 cost settlement and paid quarterly by each PHP based paid claims.** This places Public Health revenue streams at risk (~\$2+M FY19 settlement) given the lack of clarity as to whether current cost settlements will be converted to direct payments from PHPs.
- The **Healthy Opportunities Pilot is still not finalized** which was created to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety to high-needs Medicaid enrollees.



Public Health

- **Care Coordination for Care Management for At-Risk Children (CMARC) and Pregnancy Care Management (PCM) services under Managed Care will be paid by the PHPs via contracts for three years.** Local Health Departments are given the right of first refusal for provision of these services during this period, but **then PHP's are permitted to contract with any local care management entity** (including the Mecklenburg County Health Department) for provision of CMARC and PCM.
- The **Community Alternatives Program (CAP), the Children's Developmental Services Agency (CDSA), Dental Services, and the Family Planning Waiver Program are excluded from Medicaid Managed Care** and will continue to bill Medicaid through Medicaid Direct through NCTracks. The Department will continue to receive a Medicaid cost settlement for these excluded services.



Medicaid Transformation

Impact & Implications

- **Outreach, Outreach, Outreach!**
 - **NCDHHS will work with Mecklenburg County Government and the general public get the best information and guidance on how to prepare for Medicaid Transformation to:**
 - **Distribute information to community partners, non-profits, and faith based/houses of worship;**
 - **Provide outreach, events, and education sessions with community groups, beneficiaries and stakeholders on Medicaid Transformation and its impact on the county; &**
 - **Document roll-out of Medicaid Transformation to inform decision-makers on how to ensure minimal disruptions in Medicaid services**



Medicaid Transformation

Impact & Implications (cont.)

- **Ensure legislative oversight and advocacy with NCDHHS to ensure the numerous PHP contracts are more streamlined (all very different causing increased administrative burden)**
- **Potential for 15-50% increased call volume and customer visits at Kuralt and the CRC for the next two years**
- **Possible uncertain revenue impact on DSS NEMT (Transportation), MEDIC, and Public Health**
- **NCDHH's Additional Utilization Based Payments (AUBP) funding model/cost settlement report**
- **Ensure legislative oversight and advocacy for the Healthy Opportunities Pilot for Public Health to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety to high-needs Medicaid enrollees**



Medicaid Transformation

Questions?

